

Ship Jan 15

Work Order ID 89498

89498

Page 1

August-24-12 9:17:17 AM

Item ID: D4640-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: RH Fwd Wall Protector

Start Date: 8/24/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 11/05/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan: 

Date: _____

Tooling: _____

Date: _____

Run Start *NR1*

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D4640

A

B

QC212652

0.00

100

100

Waterjet

FLOW CNC Waterjet

Memo

Cut as per dwg

Prog Rev: C

Dwg Rev: C

Deburr as required

Immed 0100

10

0

Jan 12-22

110

QC2- Inspect parts off machine FAI/FAIB

0.00

110

QC

Quality Control

Memo

0.00

10

0

Jan 12-22



NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data <input type="checkbox"/>										
Equip/Tooling <input type="checkbox"/>										
Operator <input type="checkbox"/>										
Material <input type="checkbox"/>										
Setup <input type="checkbox"/>										
Other <input type="checkbox"/>										
Process <input type="checkbox"/>										
Supplier <input type="checkbox"/>										
Training <input type="checkbox"/>										
Unapproved <input type="checkbox"/>										

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 89498

89498

Page 2

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Item ID: D4640-1 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: RH Fwd Wall Protector
 Start Date: 8/24/12 Start Qty: 10.00 ***10*** Cust Item ID:
 Required Date: 11/05/12 Req'd Qty: 10.00 ***10*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC8- Inspect parts - second check ✓ Memo <i>Use template to make for change</i>	0.00 0.00							<i>DAS</i> <i>09</i> <i>9-83</i>
130 *130* Packaging Packaging	Identify as per dwg & Stock Location: <i>PKG</i> Memo	0.00 0.00							<i>SL</i> <i>13/01/03</i>
140 *140* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							<i>13/1/10</i> <i>JD</i> <i>13-01-4</i>

NCR: Yes / No

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Picklist Print

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Work Order ID: 89498

Parent Item: D4640-1

Start Date: 8/24/12

Required Date: 11/05/12

Parent Item Name: RH Fwd Wall Protector

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.05.08 NEW ISSUE DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.093-F6006-07 GE PLASTICS LEXAN SHEET		Purchased	No			100	sf	1,452.6700	3.6	37.894 737			

Location

Loc Qty

Loc Code

therm

1452.67

112176

40.44

114459

1412.23

123105

123105

12-12-22

NCR: Yes / No

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